SCATION FEE DETERMINATION RECORD Effective January 1, 2004

Application or Docket Number
09/733(7)

5 Ellective January 1, 2004										٠,۱	, , ,	` ' }
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN
			(Column 1)			umn 2)		TYPE		OR		
TOTAL CLAIMS							RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		•	BASIC FE	\$375	OR	BASIC FEE	\$750
TOTAL CHARGEABLE CLAIMS			minus 20=		4		٠	X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	minus 3 =					X43=		OR	X86=-	3	
M	ULTIPLE DEPE	RESENT					+145=	Ţ <u> </u>	OŘ	+290=	·	
* If the difference in column 1 is			less than zero, enter "0" in column 2				TOTAL		OR	L		
CLAIMS AS AMENDED - PART II									-4		OTHER	THAN
_	117/04	(Column 1)	(Column 2) (Column 3)				SMALL	ĖNTITY	OR	SMALL		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	/	RATE	ADDI TIONA FEE
	Total	. 20	Minus	2		- /	l	×\$ 9=		OR	X\$18=	
	Independent	. 3	Miņus	***	3	=	Ì	X43=	7	OR	X86=	7
	FIRST PRESE	CLAIM	Y	-	+145=			+290=	7			
						- [l	=CP1+		OR	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
7	-13-25	(Column 1) CLAIMS	in the second of	(Colum		(Column 3)	i r					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER JUSLY	PRESENT EXTRA		RATE	ADD TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	. 14	Minus	" 2	i)	\mathcal{G} =	·	X\$ 9=		OR	X\$18=	
	Independent	. 2	Minus	444	3_	= 6	Ī	X43=	· .	OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
						•	L	TOTAL			TOTAL ADDIT, FEE	
		(Column 1)		(Colum	ın 21	(Column 3)	. #	VDDIT. FEE (•	ADDIT. FEES	
ပ	17.	CLAIMS REMAINING		HIGHI	ST		٢		· ADDI-	1	-	ADDI
AMENDMENT (AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONA FEE
	Total		Minus	••		÷	ľ	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		-		X43=		l	X8%=	
۷	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-	^43-		OR		
										OR	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3 "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE												
		nber Previously Pai ber Previously Paid						_	ropriate box			